

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES VIRGIN ISLANDS DEPARTMENT OF FINANCE

DIRECT PAYROLL DEPOSIT AUTHORIZATION

NAME	SS#
DEPARTMENT/AGENCY	EMPLOYEE No.
I hereby authorize the Government of the Virgin Isla	ands Department of Finance to directly deposit my bi-weekly net pay to the following account <u>OR:</u>
CHECKING ACCT. No.	SAVINGS ACCT. No.
AT(Name of Financial Institution)	AT(Name of Financial Institution)
I understand that this authorization may be term I further understand that, as a direct Payro	inated by me upon two (2) weeks notice to the Department of Finance's Payroll Division. Il Deposit Participant, I will receive a voided check and stub in lieu of a paycheck.
Signature	Date
NOTE: The Department of Finance ("the Departmen depository institution named above. The Department, t	nt") will be operating as your agent for the purpose of Direct Payroll Deposit, not as an agent of the the cherefore, does not accept responsibility for any negligence on the part of said depository institution.
Form Reviewed by	(For DoF Use Only)
WHITE: Deapriment of Finance	e Copy YELLOW: Personal File Copy PINK: Employee Copy
VIRGIN I	THE VIRGIN ISLANDS OF THE UNITED STATES SLANDS DEPARTMENT OF FINANCE TROLL DEPOSIT AUTHORIZATION
IAME	\$\$#
EPARTMENT/AGENCY	EMPLOYEE No.
hereby authorize the Government of the Virgin Islan	nds Department of Finance to directly deposit my bi-weekly net pay to the following account: OR:
CHECKING ACCT. No.	SAVINGS ACCT. No.
AT(Name of Financial Institution)	(Name of Financial Institution)
I understand that this authorization may be termi I further understand that, as a direct Payrol	nated by me upon two (2) weeks notice to the Department of Finance's Payroll Division. Il Deposit Participant, I will receive a voided check and stub in fieu of a paycheck.
Signature	Date
NOTE: The Department of Finance ("the Department depository institution named above. The Department, the	") will be operating as your agent for the purpose of Direct Payroll Deposit, not as an agent of the rerefore, does not accept responsibility for any negligence on the part of said depository institution.
Earm Payloyed by	/For Dot Hop Only Initials:

WHITE: Deaprtment of Finance Copy YELLOW: Personal File Copy PINK: Employee Copy